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Page	Page	Page	Page
ORIGINAL LECTURE.	tion: cure. By E. S. Cooper, A.M., M.D. 347	EDITORIAL ARTICLES.	CORRESPONDENCE.
Lectures on New Remedies and their Therapeutical Applications. Delivered at the N. Y. Med. Coll. and Charity Hosp. By Sam. R. Percy, M.D., etc. Lecture VIII. Solventia—Solvents. 341	Sudden Death from Corrosive Sublimite. By Jno. G. Big- ham, M.D. 347	Ventilation of the Senate Cham- ber. 350	Dr. Bennett's Case of Resection. 353
ORIGINAL COMMUNICA- TIONS.	A Paper on Venereal Diseases, their Mitigation and Suppres- sion. [Read before the N. Y. Sanitary Association, Thurs- day, June 5, 1862. By H. Las- sing, M.D. 348	THE WEEK:	Medical College of Ohio. . . . 353
On the Non-Shortening of the Supra and Infra-Vaginal Por- tion of the Cervix Uteri up to the end of Pregnancy. By Isaac E. Taylor, M.D. 342	REPORTS OF SOCIETIES.	The Eclectics of Philadelphia. 351	Foreign Correspondence. . . . 353
A Case of Scooping a portion of the tibia, for disease of twenty- four years' standing. Opera- tion: cure. 348	NEW YORK ACADEMY OF MEDI- CINE? Stated Meeting, April 2, 1862. Dr. Jas. Anderson, President, in the Chair. Discussion of Dr. Sims' Paper on Vagi- nismus. 349	Demand for Hospital Accom- modations. 351	MEDICAL NEWS.
		Dismissal of Surgeon David S. Hays. 352	Increased Hospital Accommoda- tions. 354
		Appointments in Medical De- partment of the Army. . . . 352	Surgeons and Nurses. 354
		REVIEWS.	Brigade Surgeons. 354
		Hand-Book of Surgical Opera- tions. By Stephen Smith, M.D., Surgeon of Bellevue Hospital, New York: Baillière Brothers, 440 Broadway. 352	Medical Society of the State of Pennsylvania. 354
			METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.
			SPECIAL NOTICES.

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CONTENTS.

CHAPTER I.—MINOR SURGERY—Instruments, Union of Wounds, Dressings, Hemorrhages, Blood-Letting, Counter-Irritants, Vaccination, Anæsthetics.
CHAPTER II.—ON THE ARTERIES—Wounds of Arteries, Ligature of Arteries, Arteries of the Upper Extremities, Arteries of the Neck and Head, Arteries of the Lower Extremities.
CHAPTER III.—ON THE VEINS—Wounds, Varicose Veins.
CHAPTER IV.—ON AMPUTATIONS—Amputations in general, Amputation of the Upper Extremities, Amputation of the Lower Extremities.
CHAPTER V.—ON RESECTIONS—Resections in general, Resections of the Upper Extremities, Resections of the Lower Extremities, Resections of the Trunk, Resections of the Bones of the Face, Resections of the Bones of the Cranium.
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PROFESSOR OF MATERIA MEDICA AND THERAPEUTICS.

LECTURE VIII.

SOLVENTIA—SOLVENTS.

GENTLEMEN:—In our previous lectures we discussed at some length Headland's sixth and last order of the first division of hæmatic medicines. We described to you all the remedies mentioned by Headland, and explained as fully as the time allowed the peculiar conditions of the system in which they were found serviceable. I promised you yesterday that I would present to you a new remedy for the diseases for which a part of this class of medicines are used. I must repeat to you some of my arguments, that you may fully understand the therapeutic application of the remedy I now present to you. In a state of health the kidneys secrete a fluid, which, after remaining for a length of time in the bladder, is eventually passed away in a fluid state. But there are disordered states of the system in which the kidneys secrete the urine in a fluid state, but from some cause solid substances are deposited from this urine either in the kidney, the ureter, or the bladder. We have described and shown to you numbers of small calculi that have formed within the kidneys; we have shown you others that have been taken from the bladder, the nucleus only of which was formed in the kidney, and the remainder, by far the largest portion, was afterwards deposited around this nucleus in the bladder. We have shown you others the whole of which has been formed within the bladder. We have also shown you many specimens of deposits, some in a finely divided state, others in distinct crystals of small size. We see then, by these substantial evidences, that the urine does not always remain in a fluid condition, and that when it ceases to be fluid it causes grave difficulties, which may either take the life of the patient, or lead to the necessity of a surgical operation.

In diseased conditions, then, we see that there are substances which the urine is incapable of holding in solution, and that deposits take place in various parts of the urinary apparatus which sometimes form into calculi. The medicines that we have been discussing are used to hold these insoluble substances in solution, either by supplying some material deficient in the system, or by their solvent action upon the urine itself; and that they are successful in many instances we have abundant proof, by finding that the urinary deposits disappear under their use, and that after a time the medicine itself may be detected in the urine by chemical analysis.

With this slight repetition we will turn to the consideration of the little we have to say upon the subject of litholytics. We told you that litholytics, or solvents for stone, might be employed in two ways, either by the mouth or by injection into the bladder. Of the former method we spoke at some length, and of the latter method we gave you a few of the printed cases in point. I will now turn directly to the little I have to say to finish this subject by relating two cases from my note-book.

A man, about forty years of age, of irregular habits, applied to me for relief from a difficulty which, upon examination, proved to be stone in the bladder. I found, upon examination, a calculus of large size in the bladder, and upon examining the urine I found it contained a large amount of uric or lithic acid, with some urate of ammonia

and mucus. If the urine was filtered, while warm, to separate it from the mucus and urate of ammonia, lithic acid crystallized in large quantities around the sides of the glass vessel. I had then a case before me where a calculus of large size existed in the bladder, and evidence from the state of the urine, that it was increasing every day. You will say probably that this was a case that should properly come under the care of the surgeon, and so far as the removal of the calculus was concerned I might agree with you; but what could the surgeon do to relieve the cause of the deposit of this lithic acid? This evidently belonged to the province of the therapist, as the difficulty would be only partly relieved by removing the calculus. It was necessary to remove the cause as well as the consequence of the disorder. Upon proposing medical treatment my patient was willing to listen to and follow out all my suggestions, but when I spoke of a surgical operation for the removal of the calculus, he peremptorily refused ever to have any operation performed. I then suggested the operation of lithotripsy or crushing of the stone within the bladder, and with this view, after some weeks of preparation, my friend, Professor Alban Goldsmith, was called in to perform the operation.

We found upon examination that the calculus was free, and that it measured nearly two inches in length, by one and one-fourth inches in breadth, and that it was exceedingly hard.

The patient would take neither chloroform nor ether, and was exceedingly irritable from the pain that was inflicted, and insisted upon the withdrawal of the instrument before the crushing was complete. I saw him the next day, and he declared he would rather die than again undergo the same operation. Several irregular portions of the calculus had passed with the urine, and I found upon examining them that the exterior portion only was lithic acid, while the inner portion was urate of ammonia. As nearly as I could ascertain, the calculus was in three pieces.

There was considerable irritation caused by the sharp edges of the broken calculus, and for several days I was obliged to resort to a judicious use of morphia, and injections of tepid water into the bladder, to keep it distended. At this stage of the treatment of my patient I was taken with a severe cold, and a large amount of gravel was deposited at the bottom of the vessel I used. Upon testing this gravel I found it consisted of uric acid, urate of ammonia, and purpurine. One night before going to bed I passed a small quantity of highly colored urine, after which I took a warm bath, a dose of aperient medicine, and a large quantity of warm flaxseed tea. On getting up in the morning I found the urine that had been passed the previous night, of very dark-red color, and containing a very large deposit. The urine made in the morning was passed into the same vessel, and completely dissolved the existing deposit, the mixture of the two being perfectly clear and transparent, and no deposit in this fluid was seen again for several hours. This occurrence led me to think of the state of my patient. He was daily passing small broken pieces of calculus, and considerable gravel. Why should I not dissolve this within the bladder; and if fresh and healthy urine would dissolve a deposit when out of the bladder, why would it not also dissolve it within that viscus? Upon my next visit to my patient I caused him to urinate into a clean glass vessel; the fluid was very turbid, with mucus, uric acid, and urates. I then passed water into the same vessel, and nearly all of the sediment, excepting the mucus, was dissolved. The next day I passed about a pint of fresh urine from my own bladder directly into his, not expecting that the viscus would be able to retain it any length of time, for the organ was still irritable, and he seldom retained more than three or four ounces at a time. To my great surprise he retained this quantity in his bladder for nearly two hours; he said that it acted as a direct sedative to the organ, and that he had not been so free from pain for months. I entered upon the treatment of his disease with new interest, and he seconded me in all my efforts, for the

recovery of his health. I laid down strict hygienic rules, which were attended to; and three times in every twenty-four hours the urine from my bladder was passed into his. He daily improved in health, and after awhile his own urine was passed, free from sediment. By this treatment, in seven weeks there was not a vestige of the calculus remaining in his bladder. For many days after the commencement of the treatment he could bear but a few ounces of his own urine in his bladder at a time, but immediately after emptying his bladder he would bear eight or ten ounces of my urine, asserting that it gave him relief, and acted as a sedative. As his health improved he could retain his own water in large quantities.

I here give you then a solvent for calculus, not a new compound, but so far as my knowledge goes, a *new remedy*.

Since that time I have treated another person in a similar manner. This person was much younger, and he supposed that the calculus had commenced to form while spending some time in the south-west. The calculus was small, and not so hard as the one described above. It was of about the size of a marble, and from analysis of the urine I supposed it to be composed of the earthy phosphates, urate of ammonia, and mucus. This calculus was not crushed, but as in the last case described, particular attention was given to restore the health of the individual, as without that I conceived that no local solvent would be of much avail. My urine was in the same way thrown into this young person's bladder for about nine weeks, and as in the case before related, it caused an entire solution of the calculus, and also allayed the irritability of his bladder in a wonderful degree. As I told you in my last lecture, numerous solvents have been recommended for the purpose of removing calculi from the bladder, and much has been hoped for from their action, and there are instances on record where much benefit has been received. Mr. Butter, of Edinburgh, in 1754, recommended the injection of lime water into the bladder for the removal of calculi, and relates one case in which the calculus was completely dissolved by this means. There are several cases on record where alkaline solutions have been injected into the bladder, and dissolved the calculus, besides allaying the irritability of the bladder.

Mr. Ure recommends a solution of carbonate of lithia for the same purpose. Sir B. Brodie, in 1831, injected water acidulated with nitric acid, and relieved the irritability and dissolved a phosphatic calculus. Mr. Haskin, in 1842, used successfully for the same purpose a solution of the nitrosaccharate of lead, which decomposed phosphatic calculi. The *new remedy* which I present to your consideration is in my opinion the best and most natural solvent we possess, and will in many instances, with proper attention to the health of your patient, effect perfect solution. But let me caution you as to the quality of this *new remedy*. If you intend to use that from your own person, abstain from everything which would render it impure; nicotine is not natural to the secretion, and does not, so far as my knowledge goes, possess any solvent properties, and the organ into which you may pass it may not be accustomed to its effects. Alcohol in all its forms may not be tolerated by an organ in a state of irritation; therefore if you expect good results, abstain from these two poisons.

Dr. Prout asserted years ago his belief that urinary calculi might be dissolved by promoting in the patient a copious secretion of healthy urine, and he says upon this subject—"A perfectly healthy condition of the urine is not only one of the most natural, but probably also one of the most powerful solvents for all the ingredients likely to exist in urinary calculi that we can hope to possess. So satisfied am I of the general truth of this remark, that my belief is that there is scarcely any form of stone that would long bear the continued action of healthy urine without becoming more or less dissolved and disintegrated."

Since the introduction of Croton water in this city, we do not have many cases of urinary calculi, but those of you who practise in the West will find them in abundance. In addition to your hygienic treatment, let me urge you to

try the proper therapeutic application of the remedy I have presented to you.

Original Communications.

ON THE NON-SHORTENING OF THE SUPRA AND INFRA-VAGINAL PORTION OF THE CERVIX UTERI

UP TO THE END OF PREGNANCY.

By ISAAC E. TAYLOR, M.D.,

PROFESSOR OF OBSTETRICS AND DISEASES OF WOMEN, IN THE BELLEVUE HOSPITAL MEDICAL COLLEGE, AND OBSTETRIC PHYSICIAN TO THE BELLEVUE AND ISLAND HOSPITALS.

It is a conceded and recognised fact, that great physiological changes in the uterus take place during gestation, that its walls become thicker, softer, and more elastic, and during this period that it undergoes no alteration of shape, although its cavity is considerably enlarged. It is, however, supposed, and in this most authorities agree, that the cervix uteri undergoes what is technically called, shortening, or "the behavior of the cervix during pregnancy;" and that at the termination of utero-gestation the vaginal portion no longer forms a conical projection in the upper part of the vagina, but that it is then considered as having merged or moulded itself into the body of the uterus, forming one cavity. Much importance is usually attached in works of forensic medicine and obstetrics to the changes of the cervix uteri, in relation to the time of pregnancy, its color, its softening, and its shortening.

The progress of this shortening has been computed by the gradual disappearance of its intra-vaginal portion. Thus it is held, that at the sixth month one-quarter is lost, at the seventh month one-half, at the eighth month three-quarters, at the ninth month to have entirely disappeared.

Entertaining entirely different views on this subject, I have presumed to dissent from the opinions of these authors, not only that the neck expands from above downwards, but from the opposite one that the changes occur from below upwards; and I do so with a high sense of esteem and admiration for their genius and attainments. But if medical or any other science is to continue to advance, no maxim should be considered established beyond investigation, and no authority, however high, ought to be held infallible.

The subject is one also of great physiological and obstetrical interest, and has many practical bearings of the highest character. This is especially true of placenta previa; it conflicts, as I conceive, with the views of Barnes and Read; and tends to explain more clearly the views entertained by Doherty and Levret, as to why hæmorrhage does not occur when the placenta is implanted directly over the internal os of the cervix uteri; the fact is proved by the statistics of Trask, that little hæmorrhage takes place till the full term of gestation, but when the placenta is placed laterally hæmorrhage will occur. On this point I will not enlarge at this time, and shall defer it to another occasion. Two different views at the present day are entertained—1st. Those of Baudelocque and others, and, 2d. Those of Stoltz of Strasburg, approved by others, and first promulgated in 1826. The opinion of Baudelocque is, "That at the end of pregnancy, the neck forms, together with the body, a common cavity, and nothing remains but the small circle of the os externum." There is no supra or infra-vaginal portion. 2d. The view of Stoltz is, as stated by Cazeaux, "That the cervix uteri preserves its whole length until the last fortnight of pregnancy, when the whole neck is lost in the cavity of the body and disappears by a total effacement." Thus, both opinions arrive at the same conclusion at eight and a half months. To fully comprehend the opinions at the present day of these two schools, it

will be advisable to give the opinions as expressed by both schools up to the present day, when we shall better comprehend the subject.

OPINIONS OF AUTHORS.

BAUDELOQUE.—"That at the end of pregnancy, the neck forms, together with the body, one common cavity, and nothing remains but the small circle of the *os externum*."

SMELLIE.—"In the ninth month, the neck of the womb being altogether distended."

DEWEES.—"The neck begins from the sixth month to grow shorter and shorter, till at the ninth month it is entirely obliterated."

F. H. RAMSBOTHAM.—"At the end of gestation the cervix is so completely opened out, that it forms part of the general cavity."

J. RAMSBOTHAM.—"The same."

J. T. INGLEBY.—"After the fifth month the dilating power of the ovum is exerted upon the neck, which it dilates entirely from above."

E. MURPHY.—"That the cervix is expanded to form part of the uterine cavity from the seventh month."

F. CHURCHILL, adopting the views of Baudelocque, remarks:—"On examination, we find the vagina closed superiorly by the rounded lower end of the uterus, but no protruding cervix."

C. D. MEIGS.—"At the close of pregnancy, the cervix uteri seems to have wholly disappeared, and the last days of gestation, not to be discovered at all."

G. S. BEDFORD says:—"That after an examination at the seventh month the cervix uteri is more expanded, giving an increase to its various diameters, and then it is that you will appreciate the important circumstance, that the cervix commences to diminish in length; this diminution, remember, begins from above and not below, or, to be more explicit, at the *uterine* and not at the *vaginal* extremity; and further, I am emphatic on this point, as the learned Stoltz maintains an opposite opinion."

VELPEAU agrees with Desormeaux, that the neck loses one-third of its total length by the fifth month, one-half at the sixth month, two-thirds or three-quarters at the seventh month, four-fifths at the eighth month, and the remainder disappears during the ninth month; and then adds, but frequent dissections and the most careful investigations have singularly impaired the confidence I formerly had in them.

JACQUEMIER.—"In many females at the seventh month it is reduced one-half, at term the vaginal portion presents the slightest projection; and further, *direct observations* respecting the shortening and dilatation can make clear the question, though it seems reasonable to admit that the dilatation commences from above, slow and gradual, to the external orifice."

TYLER SMITH.—"At the fifth month the cervix uteri begins to shorten its cavity, being taken up into the general uterine cavity by a process of development, commencing at the junction of the cervix with the body of the organ and terminating at the *os externum*."

MONTGOMERY entertains the same views.

CAZEAUX. [*Stoltz's views, given by Cazeaux.*]—"When speaking of Desormeaux's views respecting the behavior of the cervix uteri, he says:—"I do not hesitate to pronounce all this an entire error, and to which I asked attention since 1839. No. The neck does not shorten in the way which has so long been described. It preserves its whole length until the last fortnight of pregnancy, and then the whole neck is lost in the cavity of the body and disappears by a total effacement."

He proves the truth of M. Stoltz's assertions in primiparæ, and says:—"For in these women the neck does diminish a little in length during the last two or three months, although by a process entirely different from that described by Desormeaux." And he goes on to say—"That the spreading out of the *os tincæ* and the inferior part of the neck constantly increases from *below upwards* as the gestation progresses. It reaches the middle part of the cervix about

the seventh month, and nearly gains the internal orifice by the ninth. The enlargement of the cavity of the neck advances simultaneously with the softening of its walls, and that the cavity resembles a thimble in form in some women, whilst in others it is funnel-shaped, the base being below and the apex above. On the whole, therefore, the neck is fusiform in primiparæ, the external orifice is rounded, and so little dilated as to prevent the introduction of the finger without some considerable effort. In females who have had children the external orifice is widely opened, the cavity in the neck is funnel-shaped, the base being below, and which continues to increase until its apex reaches the internal *os*. This latter remains closed in both, in a vast majority of cases, until the last month of pregnancy."

And further—"There is no projection found at the upper part of the vagina, except in multiparæ a collar of variable softness, and in primiparæ a sharp thin ring is found."

CHAILLY.—"At the ninth month, 'In women who have had children, there is no longer any neck. The internal and external orifices become confounded, and are dilated to feel the membranes of the fetus. In primiparæ the *supra-vaginal* portion still preserves a few lines which do not become effaced till labor commences. The *vaginal* portion is completely effaced. The external is open, but the finger cannot enter the internal *os*."

M. DUNCAN, advocating the views of Stoltz, gives five propositions, three of which are only necessary to state, viz:—

1st. The length of the *cavity* of the neck undergoes little or no change during pregnancy.

2d. The capacity of the cervical cavity becomes gradually greater as pregnancy advances; and this is effected by an increase of its diameters or breadth, advancing from *below upwards*, that is, from the external to the internal *os* of the cervix.

3. PROPOSITION.—"The length of the vaginal portion of the cervix, or the amount of its projection into the vaginal cavity, *generally diminishes* as the uterus rises into the cavity of the abdomen." Prof. Miller of Lexington, Kentucky, adopts the same view as Chailly, Cazeaux, and Stoltz.

HUTER says, from many examinations—"That in most cases, the external *os uteri* opens in the last four weeks of pregnancy, that in most cases the internal *os* opens in the last week before birth."

DR. FARRE, in the *Cyclopædia of Anatomy and Physiology*, p. 646, in the article "Uterus," after stating the manner in which the cervix uteri expands, according to the views of Desormeaux and others, remarks:—"At the end of pregnancy, that portion which projected into the fornix of the vagina, is now reduced nearly to the level of the vaginal walls. But while it is true that a lessening of the projection of the cervix takes place during pregnancy, I can hardly coincide in the explanation which is usually offered of this circumstance, namely, that it is due to a gradual 'drawing up' as it were of the cervix, by which its walls become added to those of the body of the uterus for the purpose of increasing the capacity of the uterine cavity. The true explanation of this, as it appears to me, is, that the apparent shortening of the neck is caused not at first by any diminution of its actual length, but by an increase of its breadth or its extension in the lateral direction, whereby the projection of the lips into the vagina is reduced to the *smallest possible amount*."

"When, therefore, the term shortening of the uterine neck is employed, it should be understood to imply that change which takes place from the hypertrophy and lateral extension of the vaginal portion of the cervix, combined sometimes with a separation of the cervical walls from each other occasioned by the descent of the head of the child; the degree of the descent being regulated by the amount of yielding of the internal *os uteri*."

SCANZONI, in speaking of the changes in the cervix uteri in primiparæ, says:—"At the end of the sixth month the cervical canal dilates, the external orifice and the canal are opened, whilst the internal orifice is closed and dilates

only at the last half of pregnancy." In multiparæ the same opinion as Cazeaux.

KRAUS adopts the like views, and gives the same plates of Desormeaux and Cazeaux.

During a service of four consecutive months, in the Bellevue Hospital, as well as in the Island Hospital, in the spring and summer of 1861, and also during a short service in the fall and winter, in the presence of the house staff, and several medical gentlemen and students, not less than upwards of one hundred and fifty patients have been examined by the touch and speculum, at various periods of gestation, from seven months to the full time, and during the first stage of labor in some of the patients. Nearly all, however, were at the completion of pregnancy. I am not aware that investigations relating to this subject at full term, and during the first stage of labor, have been conducted in the like manner, but the touch has been solely relied upon. Dr. Duncan, who has written an excellent article, and published in the March number for 1859, p. 776, says, after recommending the investigator to measure the length of the cavity by introducing his finger through the external os uteri:—"I would especially insist on the value of examinations made immediately before labor, when the cervix is extremely softened and largely dilated." And at page 774, "In discussing this subject, I intentionally omit the latter days of the ninth month of pregnancy, and diagrams of the cervix are made from the third to the eighth month." While a pupil of Cazeaux, in 1841, I became acquainted with the views of Stoltz, modified in some measure by Cazeaux; and after my return home, edited the work of Dr. Every Kennedy on obstetric auscultation, where diagrams were introduced, showing how these changes of the cervix took place. Shortly after my service commenced, in 1851, in the Bellevue Hospital, my attention was especially called afresh to the subject, in a female dying in the first stage of labor from apoplexy, who was brought into the hospital from the street; and a second case in 1853, and another in 1854, at the same period. On post-mortem examination, no change was manifest of the supra or infra-vaginal portions, except in being softer and broader than natural. Just previous to presenting the subject before the Academy of Medicine in this city, in March, 1862, Prof. C. R. Gilman gave me a specimen taken from a female, who died in the first stage of labor from placental apoplexy a few days before, where there was no change in the whole cervix, supra or infra-vaginal portion. Another specimen of my own was also presented to the Academy, showing how soon the neck returns to its natural size when there is no laceration of the os, taken from a patient who died in the Bellevue Hospital very soon after the child was born, where the whole neck was as perfect as though no labor had occurred.

Dr. DALTON (J.C.), in the March No., 1860, of the *New York Medical Journal*, said at the Pathological Society:—"He could say very positively, from his own observations, that neither the os internum nor the os externum disappears at all, even up to the end of the ninth month; and that he is very sure that he has seen both the os internum and the os externum clearly marked in a case that died during delivery."

The examinations of the patients were made by the touch, horizontal and dorsal position, and by various kinds of specula—the glass black-coated speculum preferred—and the records taken by the house staff, and several of the cases were delivered the same day, or one or two or three days after; and in many instances the infra-vaginal portion of the cervix was longer instead of being shorter.

To more fully comprehend and appreciate these investigations, it would be well to enter somewhat into the details respecting the appearance of the cervix and os uteri in multiparæ and primiparæ. The appearance of the cervix uteri, in both the multipara and primipara, was broader, softer, and in several instances longer than shorter, in comparison with the non pregnant uterus, examined at the same time. The measurements of Farre, Duge, and Velpeau differ only

one-sixth of an inch in the whole cervix; and the infra-vaginal portion is stated at one-third to one-half an inch in the non-pregnant. Yet, in several cases, the measurement gave in these examinations one inch, usually three-quarter inch. The color, in the general run of cases, was of a light bluish red; in some, quite dark-blue, in others very little change had occurred, but sufficiently so as to differ from a simple congested cervix uteri by disease. In several, the physiological changes of color were so great, and the veins enlarged to such an extent as to become hæmorrhoidal; and in three or four instances, at the commencement of labor during the expansion of the cervix uteri, they were lacerated, and quite a hæmorrhage ensued; so much so, as to be mistaken for a case of partial attachment of the placenta. As a general rule, the vagina did not present that blueness spoken of by Kluge, Jacquimier, and Kilian, but the contrast of the cervix uteri was distinctly marked in color, as well as the entrance of the vulva, whilst the vagina was but slightly tinged. The blueness of the cervix uteri and the entrance to the vagina, was generally in the same ratio as the color of the areola. The ramollissement was the characteristic feature in nearly all of the cases examined by the touch, and in nearly all it was full, soft, and compressible, like wet chamois leather: this, however, was not always the case, as some did not present, even at the full term, this softness, though the bluish color existed. In multiparæ, if the os uteri had been lacerated by previous delivery, the os was patulous and the cervical lips everted, showing the glandular nabothi; and the same would exist in some of the cases in primiparæ, where the cervix had been divided for dysmenorrhœa, or disease. The finger in these cases could be introduced to the full extent of the cervix, and the fetus felt. But this was not attainable if the os uteri had not been lacerated or divided; and this will explain why, according to Cazeaux, the neck is funnel-shaped in multiparæ. In the primipara, it was seldom the finger could be introduced beyond a quarter of an inch, generally only a mere dimple or depression was realized by the touch, and the cervix presented a conical form up to the time of labor; but, being broader, longer, and softer than in the non-pregnant, the os was generally round, though sometimes it was a transverse slit.

In some of the cases of multiparæ at the seventh month, the finger could be introduced to feel the child, through the membranes; the os seemed to be capable of being dilated a quarter to a half inch in diameter, though the neck was not shortened. In the cases of the first stage of labor, the cervix, during an examination, would seem to be dilated to the size of a quarter dollar during contraction; but after the pain had ceased, the neck would appear fully three-quarters of an inch in length, and nearly closed, as though no labor existed. In many of the cases a cervical leucorrhœa existed, and in some of the multiparæ examined, after the finger had passed through the cervix, no discharge was perceptible, and, therefore, the cervical plug did not exist, as many suppose, up to the full term of gestation. When the position of the patient was changed from the dorsal to the lateral, the neck was, to the touch, longer, and more fully developed through the speculum, thus verifying on this point the result of such a change, as is shown in one of the plates of W. Hunter. The wood cuts were made from drawings of the cervix uteri which were taken during the examinations of the non-pregnant women, pregnant at full term, and first stage of labor, by M. Köhler.

CASES.

I.—Primipara—aged 20. (Dr. Lyman's.) Areola scarcely marked, nine months gone. Head in the cavity of the pelvis, cervix (vaginal) portion half inch long; by touch and by the speculum—soft, broad, feels like wet chamois leather—only a small dimple in place of the os. Examined June 26, confined July 1.

II.—Primipara—aged 23. Areola not well marked, nine months gone, head presenting, vagina rugous, vaginal neck $\frac{3}{4}$ inch in the vagina. Examined by the touch and speculum,

feels soft, broad, finger just engages with the os. Examined June 26, confined June 3.

III.—Primipara—aged 26. (Dr. Segur's.) Examined by the touch and speculum. Os virgin size, circular, $\frac{3}{4}$ inch in length. Examined August 17, confined August 21.

IV.—Primipara—aged 24. (Dr. Segur's.) Speculum, neck $\frac{3}{4}$ inch in the vagina, os small, soft. Examined June 26 and August 1, confined August 3. Confined out of the hospital, and called on me Sept. 3.

V.—Multipara—aged 20. (Dr. Segur's.) Second child, os broad and patulous, neck one inch long to the touch and sight, rugous; speculum, hæmorrhoidal neck. Examined August 17, confined 21.

VI.—Primipara. (Dr. Segur.) Eight months three weeks, cervix, vaginal portion, one inch long, full, soft, slightly patulous, and by speculum hæmorrhoidal. Examined Aug. 17, confined 17.

VII.—Multipara—aged 22. Second child, cervix, vaginal portion 1 inch slightly opened. Examined Aug. 17, confined 23.

VIII.—Multipara—aged 28. (Dr. Fernandez.) Fifth child. To the touch, neck broad, soft, one inch long in the vagina, by speculum the same in length. Examined Aug. 1, confined Aug. 16.

IX.—Primipara—aged 29. (Dr. Lyman.) Eight and a half months gone, neck one inch long, and one inch broad in the vagina, round and full, os tincæ small, differing only from the virgin neck in softness and breadth. Examined Aug. 1, confined Aug. 17.

X.—Primipara—aged 19. (Dr. Segur.) Last menstruation Nov. 1860, head presenting, neck over one inch in length in the vagina, external os admitting the finger, neck firm as it approaches the body of the uterus. Examined Aug. 27, confined Sept. 16.

XI.—(Dr. Fisher.) Case at six and a half months, premature labor, symptoms of labor, liquor amnii not passed, to the touch os fully one inch broad, conical, os slightly opened, by speculum, neck fully one inch, membranes of a light green color, protruding through the os, confined next morning.

XII.—Primipara—aged 34. (Dr. Fisher's.) (Died with air in the heart.) First stage of labor Dec. 29, some hæmorrhage, touch, cervix uteri $\frac{3}{4}$ inch long, admits the finger, depth of os $1\frac{1}{4}$ inch, speculum gives the same length $\frac{3}{4}$ inch, os round, conical, seen by several physicians—Dr. C. B. Smith and others.

ANATOMICAL VIEWS OF THE MUSCULAR STRUCTURE OF THE NECK OF THE UTERUS.

1. SIR C. BELL.—"I have not succeeded in discovering circular fibres in the os tincæ corresponding in place and office with the sphincters of the other hollow viscera."—*Med. Ch. Trans.*, vol. 4.

2. DR. W. HUNTER.—"The cervix uteri, where the peniform rugæ are situated, had not such regular nor such large fasciculi as the rest of the uterus."

3. DR. MURPHY.—"The existence of the circular fibres has not been proved."—*Lectures on Parturition*, p. 49.

4. CRUVEILHIER remarks: The neck of the uterus is composed entirely of circular fibres, which intersect each other at very acute angles. This opinion is corroborated by JOBERT, who observes: That the uterine neck is formed by fibres which constitute semicircles, and decussate without mingling; the semicircular arrangement is more evident in women who have had children than others, and further adds: "That a superficial longitudinal layer on the posterior surface of the body passes into the posterior surface of the cervix."

6. KÖLLIKER, after describing three layers of muscular fibres, longitudinal and transverse, of the fundus and body, remarks: "Whilst at the thinner cervix transverse fibres, especially intermixed with isolated longitudinal ones, are met with. In the neighborhood of the external os uteri, and in that part itself, highly developed transverse fibres

lie immediately beneath the mucous membrane, and may be described as a sphincter uteri or ocluclosor of it."

DR. FARRE, in the *Cyclopædia of Anatomy and Physiology*, says: "The cervix cannot be said to consist, like the body, of three coats, but consists of a muscular and mucous coat only. On account of the large admixture of fibrous tissue with the muscular element here existing, this might with almost as much propriety be called the fibrous coat of the cervix. The large amount of white fibrous tissue and the density and compactness of the laminae here found around the cervical canal, give to clear sections of this part an appearance of circles concentrically arranged."

This might be compared to the contractile fibrous tissue, which forms the dartos of the scrotum and the external tunic of the vagina, to both of which organs it gives an extraordinary amount of elasticity.

Remarks.—It will be perceived, with these views of the anatomy of the cervix uteri, that the uterus is ranged in the same class as are the hollow muscular organs, whose structure is also regulated by the fundamental law of muscular intercrossing, and these intercrossings in the neck give rise to the peculiar practice which has been especially called *arbor vitæ*; and as there are four longitudinal folds or striae, each circle belonging to this set is composed of four sequela united on the mesial line, two anteriorly and posteriorly, and at the sides, and we have no difficulty in recognising these circular fibres, or penniform fibres, rendered horizontal by the expansion of the neck. It has been well observed by KÖLLIKER, that, "The cervix and the os uteri are at rest during the active state of parturition, whilst the fundus and body contract, contractions of the former parts, and of the vagina, not ensuing till subsequently;" and thus "the uterus, as respects the disposition of its muscular element and its movements with other organs, never affords so apt a comparison as the bladder, in which the muscular tissue is arranged essentially the same way, as a physiological antagonism exists between the superior and inferior portions." To strengthen this view, we have the remarks of Todd and Bowman, in the *Cyclopædia of Anatomy and Physiology*—"On the Action of Sphincters, vol. i., p. 191. "Now their mass (the *sphincters*), and their contractility is superior to that of the walls of the cavity, consequently their passive contractility endures while that of the parts above is being gradually mastered by the accumulation of the contents (feces, or urine), and when the excretions at length excite contractions in the walls of the cavity containing them, this overcomes the passive contractions of the sphincters, and evacuation occurs." And I would add as a still further and perfect illustration in these cases, the anus of the horse, as it exemplifies more clearly the manner of the gradual expansion of the cervix and the passage of the child's head through it into the vagina, and thence its exit, resuming its natural form, though modified in structure soon after the evacuation or delivery has occurred.

PROPOSITION I.—That the cervix uteri, supra and infra-vaginal portion, does not unfold or lose itself during gestation in the body of the uterus, and the cervix uteri become obliterated at the full term of pregnancy, as Baude-locque, Gooch, Dewees, Meigs, Montgomery, Bedford, and others, believe.

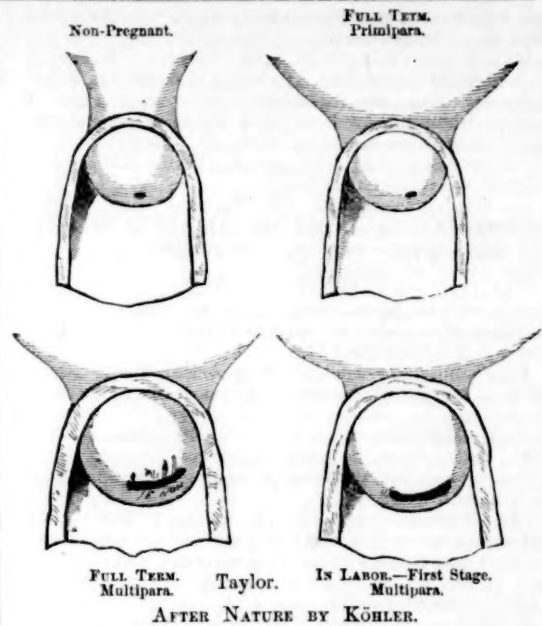
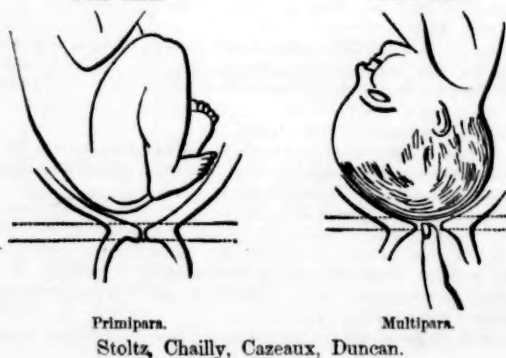
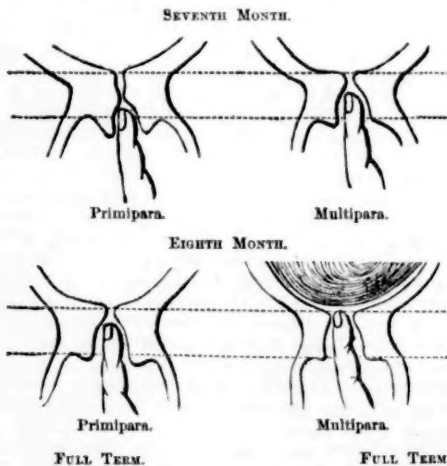
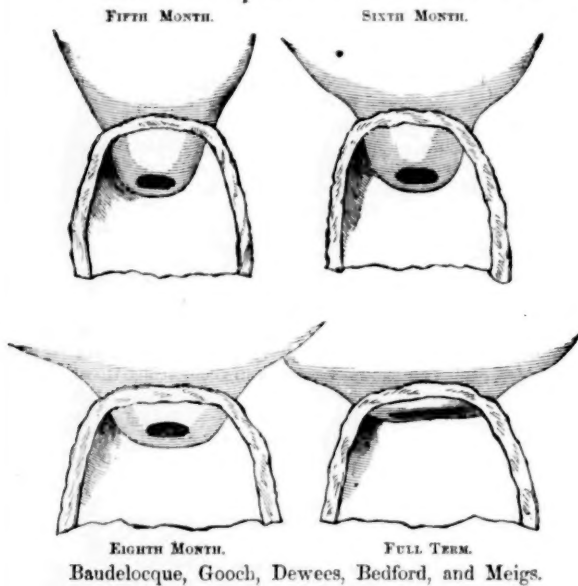
2.—That the cervix uteri is not lost or merged into the vagina, by dilating from below upwards, and becomes obliterated at eight to eight and a half months, as Stoltz, Chailly, and others believe, but remains of its natural length, and is sometimes longer.

3.—That the whole cervix uteri, supra and vaginal portion, remains intact up to the full term of pregnancy, and sometimes during the first stage of labor.

4.—That the shortening, as it is termed, is only apparent to the touch, consequent upon the ramollissement and physiological hypertrophy that take place during gestation, the cellular tissue becoming infiltrated by the changes incident to pregnancy, and hence its breadth is greater than natural and softer.

In multiparae, where laceration of the os uteri has taken

place, on one or both sides, and the glands were also diseased, the labia are everted and the os patulous, the same as is noticed in many cases of cervical leucorrhœa, and hence, the finger can be introduced at the seventh, eighth, or ninth month, to the internal os, and touch the membranes of the child, and should the cervix have undergone a more perfect softening, the os and cervix may be dilated



a half to three-fourths of an inch in diameter, though the whole cervix remains, supra and infra-vaginal portion.

5.—That in primiparae, the finger cannot be introduced into the external os uteri; but in very exceptional cases, it may reach half way through the cervix.

6.—That the external os is always felt first, and not, as some have supposed, the internal os.

7.—That the secretion of the cervix uteri, which forms the so-called plug, does not remain to the full term, but is changeable from time to time.

8.—That the more perfect the softening the shorter the labor.

9.—That when labor sets in, especially in a primipara, the cervix (even if obliterated, and the os the size of a five-cent piece) can be clearly defined from the body, by the difference it presents to the touch of the thick, round, and soft portion of the body, and the tense thin membranous neck, and os.

10.—That after labor in primiparae, if the neck has not been lacerated, the cervix uteri will return, supra and infra-vaginal portion, to its natural length very soon, though it is patulous and soft.

11.—That these propositions are also corroborated by cases where the complete separation of the vaginal portion of the cervix has occurred, and which could not have taken place if the neck was fully obliterated at term (case in Bellevue Hospital), also in cases of excessive œdema of the cervix, where the neck is one and a half to two inches in length.

12.—That from the investigations made during life, at various periods of pregnancy, at full term, and during the first stage of labor, and on post-mortem examinations, the cervix uteri does not undergo any shortening or expansion of the supra or infra-vaginal portion, but retains its whole length, and only becomes expanded or dilated at the commencement of labor, the cervix serving as an intermediate channel, or canal, between the body of the uterus and the vagina; this dilatation is effected through the combined operation of the softened condition of the neck, and by the pressure of the liquor amnii and the descent of the child's head or body, the internal os being the first to yield. The expansion thus beginning slowly, tends downwards towards the external os, and then the walls of the cervix are gradually expanded and unfolded for the passage or exit of the child; no better or more perfect illustration

can be adduced, than the gradual expansion of the horse's anus during an evacuation, and its contraction after an evacuation occurs. Some of the cases of labor in the hospital have illustrated the same facts; during the first stage of confinement, while the membranes have been protruded through the os tincæ, only a half inch in diameter, the child has been delivered soon after.

A CASE OF
SCOOPING A PORTION OF THE TIBIA,
FOR DISEASE OF TWENTY-FOUR YEARS' STANDING.
OPERATION; CURE.

By E. S. COOPER, A.M., M.D.,

PROFESSOR OF ANATOMY AND SURGERY IN THE MEDICAL DEPARTMENT OF
THE UNIVERSITY OF THE PACIFIC, SAN FRANCISCO.

CASE.—J. S., æt. 29, was attacked with disease of the tibia at the age of five years, in consequence of a slight bruise resulting in inflammation, which lasted for some time. Several small pieces of bone were lost at different times, after each of which the patient would generally improve to such an extent as to consider himself entirely well, and would remain so for a year or two. His attack of inflammation, by which he was led to consult me, occurred about four weeks since, during which time he has suffered much, and is now so lame as to be hardly able to walk at all. There are two serious openings leading from the surface to the diseased tibia, the centre of which can be penetrated with a probe readily and carious bone felt. There are several cicatrices at different points over the tibia, at which exfoliated bone had formerly been discharged. An abscess of bone was discovered, though it was impossible to ascertain whether or not it extended into the knee-joint. The mouths of the two sinous openings leading into the bone were directly over the lower part of the joint, but they both coursed obliquely downwards.

Operation.—The patient being placed upon his back upon a table, and chloroform administered, an incision five inches long was made, commencing at the lower edge of the patella and continuing down the spine of the tibia directly to the bone. A transverse incision of one and a half inches was then made over the tuberosity of the tibia, after which the chisel was taken, and the soft parts removed from the front of the bone, and both its sides. This brought in view an excavation in the interior part of the tibia filled with adventitious, soft substance, which on being scooped out gave vent to a small amount of purulent matter, and displayed a small cavity in the bone lined by a thick pyogenic membrane.

In dissecting this away, a small amount of pus was seen issuing from the parts below, when, on examination, a large abscess was found in the bone whence the matter was discharged. The anterior wall of this was bored through, when a considerable quantity more of pus escaped. The cavity of the abscess was now found to be about two-thirds the size of a hen's egg, and containing a large mass of pyogenic membrane in numerous folds. This was carefully removed, and the surface of the bony wall of the abscess cleared of all soft substance, when the operation was concluded.

Dressing.—The wound was dressed by applying a piece of lint in it, filling fully the abscess in the bone. A roller was then applied over the limb as tightly as the patient could conveniently bear, commencing at the toes and continuing to the upper third of the thigh. The lint and roller were wet in an evaporating lotion, when first used, and every hour or two after that for several days. During this period, all the secretions were carefully watched, and the patient occasionally took a dose of morphine, when in pain.

Sept. 7.—The patient has suffered little or no pain since the operation, and is in every respect doing well.

Five Months after the Operation.—Is walking almost as well as ever, though the wound is not entirely healed. In similar cases, I have occasionally seen the surface of the

sore made by scooping of bone remain raw for two or three years, the cavity in the bone, during this time, slowly but constantly filling up ossific deposit. This condition sometimes remains long after the usefulness of the limb has been restored, the rawness of the surface causing no particular inconvenience to the patient.

SUDDEN DEATH FROM CORROSIVE SUBLIMATE.

By JNO. G. BIGHAM, M.D.,

MILLERSBURG, OHIO.

On the 25th day of May, 1862, I was summoned to see a child aged 18 months, which was supposed to have swallowed poison. The messenger reported that the child had taken something from a vial, and had immediately begun to scream violently and seemed to be suffering the greatest agony. He had brought the vial, still containing a small quantity of the poison, with him. Learning nothing from its color or smell, I wet the cork with it and touched it to my tongue; it produced a burning pain and corroded the mucous membrane, leaving a white spot. In a moment I could plainly perceive the acrid metallic taste characteristic of the bichloride of mercury, and I expressed the belief that it was an alcoholic solution of corrosive sublimate. The house was only a few doors distant, and I was there in five minutes after the occurrence of the accident. A liberal dose of sulph. zinc, and ipecac was given in warm water as promptly as possible, while a raw egg was being beaten up with a small quantity of flour. The child was evidently suffering the most excruciating pain. The face was flushed, the eyes protruded, the tongue was frequently thrust out, and the chest often violently expanded. There was severe retching, and the head was thrown back and tossed from side to side. A white streak extended from the angle of the mouth to the lower edge of the jaw on one side, and the dorsum of the tongue and the throat were also corroded. No considerable amount of the emulsion of egg could be conveniently given, and the child was so rapidly sinking, that it was not thought prudent to persist in attempts to administer the antidote.

The child was in vigorous health at the time of taking the poison, and it was dead in less than twenty minutes afterwards. There was no convulsive action whatever; during the last few moments the little sufferer seemed to have become insensible to pain, and gradually sank away in its mother's arms. In order to definitely decide the character of the poison, I put ten drops of it into fl. 3 ij. of pure water and added a small quantity of solution of hydriodate of pot., when a bright red precipitate was thrown down. I then shook up the mixture and poured about the half of it into a clean vial, and added an excess of the solution of hydriodate of pot., when the red precipitate (of biniodide of mercury) disappeared. To five drops of the poisonous solution, diluted in fl. 3 j. of water, I added a few drops aque ammon., when a white precipitate was thrown down. To five drops of the poison in question, diluted in fl. 3 ss. of water, a few drops of lime-water were added, when a brick-red-colored precipitate was thrown down; upon adding an excess of lime-water, and shaking the mixture, a yellow precipitate was presented. The gold-test did not prove satisfactory.

I have not any doubt but that corrosive sublimate killed the child, and since the death was more sudden than in any case I have ever seen recorded, I have thought it proper to submit the foregoing statement. I am sorry there were no means of ascertaining the exact quantity of the bichloride the child swallowed.

Dr. R. K. BROWN, having been appointed Frigate Surgeon, has resigned the Professorship of Physiology in the New York Med. College and Charity Hospital. The chair is now vacant.

A PAPER ON
VENEREAL DISEASES,

THEIR MITIGATION AND SUPPRESSION.

(Read before the N. Y. Sanitary Association, Thursday, June 5, 1862.)

By H. LASSING, M.D.,

PHYSICIAN TO THE EASTERN DISPENSARY, NEW YORK.

THAT venereal diseases are greater evils than prostitution itself, no one will deny, neither is it requisite to prove that every one is more or less interested in the subject; the taint is to be seen every hour of the day, among all classes of society, and every parent in the land must feel a pang of anxiety for the safety of his offspring.

As syphilis and kindred diseases are never contracted spontaneously, but are always the result of impure communication, it seems to follow that it is within the range of human agency greatly to mitigate, if not entirely to eradicate it.

Leaving the question of prostitution, in its moral aspect, to the philanthropists and moralists of the age, our business is solely with the naked results everywhere discernible—syphilis and its kindred diseases, and efforts directed towards its abolition or mitigation.

While we consider the victims to the disease fit subjects of commiseration and professional care, we hold that to communicate it knowingly, is criminal. Guiding our actions in our intercourse with those afflicted by kindness and sympathy, while we offer them every inducement to submit to opportunities for a rapid and effectual cure, we deem it necessary that stringent measures should be enforced to prevent and discountenance the spread of the disease.

For these objects an association has been formed in this city under the temporary name of "The Samaritan Association for the Suppression of Venereal Diseases." We start on the fundamental points here laid down, and are now discussing the merits and demerits of various plans of operation.

We do not seek for a license system similar to the French, nor a system of suffrance and police restrictions like the German. A plan based upon the new Hamburg system, namely that of an association of physicians, appointing district surgeons, to examine prostitutes and give certificates if healthy, warn the public against all such not possessed of certificates, calling on those suffering from these diseases to come and be treated, and charging those served a moderate fee to support the enterprise, was the one at first proposed. Upon a closer examination, however, it was found that the plan would not meet with the success in practice, in this city, which in theory it appears to promise. The greatest objections are that it would be virtually supporting the enterprise by the wages of harlotry and sin, be cried down by the community as a money-making concern, fail in reaching the masses of those whom we want to get at, give rise to many, perhaps greater, evils and abuses, and was generally found impracticable.

Although our city, in its vices and blemishes, may in some respects assimilate to European cities, it is in many respects different from them, and most essentially so in its "social evil." All are independent here, feel and act so, but none more so than the lower classes, and particularly that class whom any effort of this kind must reach. They will not bear arbitrary or what they will call despotic treatment; they must be made to feel that our efforts are not made with mercenary motives nor in a spirit of persecution; that we deem it a favor more than a duty, if they will assist us in carrying out our enterprise for the good of the community.

Hence it follows that our service to them must be gratuitous and unhampered by any objectionable condition, and we must, as well for this as for every other project no matter how philanthropic, rely with confidence upon a discerning and liberal community with a deep

interest in the matter to make such pecuniary provisions as the wants of the enterprise may require.

When we consider the expense which the effects of the social evil entail upon the community, which by one estimate I have seen, and believe to be far under the right figure, is set down at over two hundred thousand dollars a year, I think the wisdom of obtaining a remedy far more efficacious at about five thousand dollars, which would amply cover the first year's expenses of this enterprise, will at once be perceived and acknowledged.

For the reasons already given our plan must be a different one from all others, and it would therefore be taking up useful time in vain to review the different European systems; besides, any one interested and anxious to understand them, will find them in full, with comment, in "Dr. Sanger's History of Prostitution," and still more at length in "Pappenheim's Medical Police."

I will then give only an outline of our plan. We propose to appoint district surgeons, to act for and on the responsibility of the Association either at different offices, at one central office, at the different dispensaries, or some other places in this city, during certain hours of the day, professionally to attend all that will come to them or send for them, to examine prostitutes and furnish such as are healthy with certificates to that effect, to take measures fully to warn the public and particularly strangers against those without such certificates. All this to be done gratuitously, leaving room for various improvements in details of operation, and for the establishment of a venereal dispensary, or Locke hospital, etc., but always keeping in view the fact that venereal diseases can and must be mitigated, if not eradicated, and that is the primary object of the enterprise.

It may not be amiss here to add as another matter of sanitary importance, that yet another advantage would be gained by such a system. You are all aware of the many impostors and quacks whom the numerous newspaper advertisements, and the many flaring and often obscure bills, which every available spot in the streets is plastered over with, show that our city is infected with. Stimulated by avarice these fellows sit in their dens like a spider in his corner, awaiting their victims whom their puffs attract and whose steps to destruction are accelerated by fear of exposure, and fear for their health, which also blinds them, and prevents their seeing that they had better resort to their trusty family physician, where they would be safer. It is in venereal diseases principally that these fellows dabble, and it is to their ignorance we owe the many evil effects of venereal diseases, the boundary between which and other consequent diseases no man can define. They rob the pocket and injure the constitution of their poor victims, leaving them, as a general thing, much worse than when they first see them. Their occupation will be gone, and one nefarious traffic will have ceased.

PROF. ANDREWS, writing to the *Chicago Medical Examiner*, from the battle-field at Pittsburgh Landing, says:—

"The surgeons showed commendable courage, and, indeed, seem to have exposed their lives unjustifiably, in some cases. One surgeon, whose name I cannot learn, was killed, and six or seven were wounded. Among the latter, was Dr. Frank Reilly, the junior editor of your Journal. He was shot in the leg, fracturing the fibula, while attending to the wounded of the Illinois Lead Mine Regiment, as assistant-surgeon. His wound disabled him from field service, and necessitated sending him home for recovery. Dr. Roskotten, of Peoria, was injured. His horse was shot under him, and falling on his leg, disabled him from field service. He went on board a hospital steamer, and rendered valuable service among the wounded there."

"SUICIDE IN FRANCE.—A curious calculation respecting suicides in France has just been published. It shows that the number of suicides committed in France since the beginning of the present century is not less than 300,000."

Reports of Societies.

NEW YORK ACADEMY OF MEDICINE.

STATED MEETING, April 2, 1862.

DR. JAMES ANDERSON, PRESIDENT, IN THE CHAIR.

DISCUSSION OF DR. SIMS'S PAPER ON VAGINISMUS.

DR. ALEX. H. STEVENS, in remarking upon the paper, said: "I once had a case of this kind. A lady in consulting me told me that she suffered intolerable agony at every approach of her husband. I asked for an examination, and discovered the existence of a small irritable tumor alongside the meatus urinarius. The question has been with me, whether the disease is not the result of a natural exaggeration of those feelings in females which teach them to dread the first approaches of the male; whether, if the natural means were resorted to—the husband persisting and the wife submitting—the whole trouble would not be at an end."

DR. GRISCOM asked, if, under such circumstances, it would be always necessary to commence the treatment by the administration of anesthetics?

DR. POST suggested the use of the Greek name for vagina (*αἰδοίς*), as the term used by Dr. Sims had a Latin termination.

DR. PEASLEE.—Mr. President, I feel for one under very great obligations to Dr. Sims for giving to this disease a distinctive name, and I think the whole profession, so far as they are acquainted with the disease, will feel a similar obligation. In regard to the use of precise terms employed by Dr. Sims, I think the termination indicates the nature of the disease. In regard to the recommendation of the last speaker (Dr. S.), I think that many a woman who has suffered as in the first case related would rather die than have a continuance of the pain. The first case that came under my notice was recognised by mere chance, and occurred some ten years since in a lady who had been married eleven months. In that instance the husband was not wanting in efforts on his part, neither was the wife wanting in patience and endurance on hers—the sexual act, however, was never accomplished. I was applied to for advice, and found the lady in the condition of a "nervous wreck," as Dr. Sims styled it. On examination, I found what I supposed to be a partial occlusion of the vagina by the hymen, and I accordingly proposed an operation for a division of the membrane. It was about the time when ether was commencing to be used for anæsthetic purposes, and the sensitiveness of the parts was so great, that I remarked that I could not perform such an operation without first inducing insensibility. I gave the ether, and to my astonishment found that it was very easy to introduce the finger into the vagina, the former resistance to such an endeavor being now removed. I hence referred the difficulty to spasm of the vagina which was confined to the sphincter muscle. I made use of unguents, among which was one composed principally of extract of belladonna, which seemed to relieve the sufferings to that degree that the sexual act was accomplished after a time. The patient resided in the State of Maine, was under treatment but a short time, and I have not heard anything from her since. Within about five years after I saw another case precisely similar in character, though with less severe symptoms. I may here remark, that I believe cases may be met in which there is every gradation, from the severity of the symptoms in Dr. Sims's first case, down to those in which but slight hindrances to sexual intercourse exist. The case I now refer to was a lady who never had children, who had been married a period of ten years, who had frequently suffered from sexual intercourse, but who some months previous had found the accomplishment of the act impossible without the greatest agony. In that instance, by using an ointment composed of two grains of atropine to 3j. of lard, I suc-

ceeded in overcoming the spasm in about a fortnight. She remained well for two years, when I was again applied to, and the same treatment was available. I have seen quite a number of cases of Vaginismus, and I have been able to relieve all thus far, with the exception of my first case, which I had in charge only a short time. The ointment which I have generally used has been composed of atropine and lard in the proportions mentioned. I of course did not limit myself to the exclusive use of this remedy, but also employed mucilaginous injections, or injections containing extract of hyoscinus. As soon as the disposition to contraction is overcome to that extent as to make it allowable, I make use of a small-sized dilator. I have seen a case of vaginismus within the last fortnight—a lady had been married seven years, but had enjoyed sexual intercourse only about twice. It is possible now to introduce the index finger into the vagina, and in this instance, as in all the cases which I have seen, there is the excessive tenderness of the hymen, or carunculae myrtiformes, as described by the author of the paper. In conclusion, Dr. P. asked concerning the extent of the incisions made by Dr. Sims.

DR. SIMS.—The incisions I make are more in the form of a γ than anything else. I commence first on the right of the middle line, about half an inch above the margin of the sphincter muscle. The sphincter muscle is about half an inch across, and from its edge down to the outlet of the perineal opening where the skin becomes mucous membrane, is very nearly an inch in most women. My incisions meet just below the lower edge of the sphincter muscle, and become one incision down to the outer edge of the skin. In regard to the composition of the term vaginismus, I think there are very many comprehensive words used in medicine which are made up of a mixture of Latin and Greek. However, I care very little by what precise name the disease is called; only it strikes me that the term is a comprehensive one, and that every physician who is not a good classic scholar will not be under the necessity of looking up the meaning of it in his Lexicon. In regard to the application of belladonna—one of my patients had used the ointment for years without any good effect, and the case now under my care, upon which I have not yet operated, has also proved the inefficiency of the remedy. The operation which I propose cures the disease, but the use of the dilator makes the cure permanent.

DR. PEASLEE asked if Dr. Sims cut entirely through the sphincter in each case. DR. SIMS.—I simply cut through the mucous surface, dividing the nerves of the part: I do not now consider it necessary to divide the sphincter. I remember the case of a lady married six years. Sexual intercourse was had, but her sufferings afterwards were so intense that she could hardly sit still. In her case, I removed the hymeneal membrane, dividing the parts through the perineum. She wore the instrument and went home, but although the outlet was clear of thickened membrane, sexual intercourse was just as painful as before. Even the mere touch of a camel's hair pencil was sufficient to give rise to a good deal of suffering. On examination, I found at the orifice of the vaginal outlet a small portion of membrane, about the size of a grain of wheat, which was extremely sensitive. This being seized with a forceps and removed, all trouble was at an end, and sexual intercourse was unattended with any pain. Dr. Clark examined by the microscope many of the membranes removed, and I regret very much that he is not present to give their composition.

DR. PARKER.—Mr. President, the paper read by Dr. Sims is a valuable one, and while it doubtless will be productive of much good to those females whose sufferings demand relief by the knife, I fear that the operation will be resorted to too often. We are too apt to run wild on everything that is new, and if the operation become fashionable, I tremble for the poor females, who are to be the only sufferers from it. Some of the cases termed vaginismus, I am convinced cannot be cured without the knife, but I am

equally well convinced that there are other cases which can be remedied by milder means. I am glad that Dr. Sims made the statement that it was only necessary in operating to divide the mucous membrane, otherwise he might have been understood as advocating the entire section of the sphincter. Some of the cases are doubtless due to a state of hyperæsthesia of the orifice of the vagina; but copulation may be rendered painful, and sexual intercourse may be impossible, simply on account of the existence of the painful tubercle alongside the urethra. I have seen a case which illustrated that point, where the mere removal of the growth, which was not much larger than a flaxseed, was attended with perfect relief. Permit me to draw an analogy between some cases of vaginismus and some diseases of the rectum and urethra. In examining the rectum, we often find it difficult to get in the finger, in consequence of the irritation of the part; especially is this the case when fissure of the anus is present, or when an irritable tumor or ulcer exists near the verge of the orifice. In these latter instances, the hyperæsthesia is secondary. A simple incision through the mucous membrane is generally sufficient to cure the case. We often too succeed in these cases without any operation, by simply introducing a spermaceti candle, smeared with some anodyne ointment, into the rectum at bedtime, allowing it to remain in that situation a little time. By the use of this instrument the fissure will frequently heal up, and the irritability of the sphincter, upon which it depends, entirely disappear. We often see the beneficial results of allowing a bougie to remain some little time in an irritable urethra. How often has a patient been relieved by these means alone!

Now the question suggests itself to me whether this same general principle cannot be applied to many cases of vaginismus, by the use of some of the vaginal pessaries exhibited by Dr. Sims; first etherizing the patient, and then allowing them to remain for some time in contact with the over-sensitive membrane.

DR. PEASLEE remarked that there were two classes of disease of the rectum—one where the spasmodic contraction and hyperæsthesia were due to some disease at or in the neighborhood of the sphincter, and the other where the over-sensitiveness was, so to speak, idiopathic. The same was the case with the vagina. He had seen cases where disease of the os and the small painful tumors gave rise to vaginismus, but that was altogether of a different character from the true vaginismus, as described by Dr. Sims, where no such relation of cause to effect could be made out. He thought it was the duty of every one who had a case, to decide whether or not the vaginismus was dependent upon a sympathetic relation with any disease of the generative organs, and if no such relation could be made out to exist, the operation was called for as the remedy.

DR. S. P. WHITE remarked, that he had seen a case of vaginismus in East 23d street, which was caused by an irritable excrescence just within the orifice of the urethra. The urethra and vagina were so exceedingly sensitive that the patient would recoil and scream upon the approach of my hand for an examination.

Dr. A. C. Post being called in consultation administered ether, and I snipped off the excrescence with a pair of scissors, following the excision with the application of lunar caustic. The spasmodic constriction of the vagina, however, did not yield until an ointment was used composed of atropine and aconitine; the acrid urine was diluted with alkalies and mucilaginous drinks; the nervous hysterical condition was relieved by anti-nervines; and the patient became pregnant. In the course of a few months she gave birth to a plump boy, and has not complained since.

With respect to spasmodic constriction of the rectum, I have seen it caused by a small irritable ulcer on its edge, opposite the termination of the os coccygis, and which was soon relieved by the application of caustic potash.

Dr. Stone, of New Orleans, has been arrested by Gen. Butler, and confined, heavily ironed, in Fort Jackson.

American Medical Times.

SATURDAY, JUNE 21, 1862.

VENTILATION OF THE SENATE CHAMBER.

SENATOR HALE has introduced into the Senate of the United States the following resolution:—

"That a committee of three be appointed by the chair, whose duty it shall be to inquire and report to the Senate whether some plan may not be adopted for the ventilation of the Chamber in its present location, or by a reconstruction of the Chamber, by removing the same to the outer walls of the building, so as to render the same more conducive to the health and comfort of those who are required to occupy the same."

In explanation of the resolution, the SENATOR remarked that the present system of ventilation of the Chamber was the worst that human ingenuity could devise; the air which they breathed was pumped up from a damp and unwholesome place below the surface of the ground, and the ceiling was so constructed as to concentrate the rays of the sun upon their heads, giving to the Chamber the character of a hothouse for raising exotic plants.

As a people, we care little about the ventilation of our private residences, and much less about the ventilation of public edifices. The main object sought is to render a building warm in winter on the most economical principles; and, in general, the means by which this end is attained are as rude as those employed by the savage. The air of the best apartments of private residences is, in general, vitiated, and its sleeping rooms are offensive to the new lodger. In our churches we are careful to provide reclining, softly cushioned seats, where we may enjoy the full influence of the soporific atmosphere of the building. Our school-houses are the nurseries of depraved constitutions, and, in consequence, of a degenerate race. In our courts of law, justice is often stifled by the foul emanations of the unwashed crowd, and, forgetful, inclines her balance. Even the anomalous spectacle is often witnessed of medical men and sanitarians sitting, in grave debate on the sources of human ills, in rooms fragrant with the aroma of their medicated breath and clothing.

We rejoice that the ventilation of public buildings is beginning to attract attention in this country, and that in high places. Our extreme folly in neglecting this most important branch of scientific architecture, is illustrated on a magnificent scale at the National Capitol, and it is here that the reform should commence and pervade all ranks of society. At an enormous expense, Government has extended the wings of the old Capitol, and constructed new halls, for the accommodation of the Representatives. No expense or pains has been spared to give it architectural beauty and completeness, and render it worthy of a great nation. Contemplated in the distance as it rears its massive and yet graceful proportions above all surrounding objects, and forming a pleasing object on which the eye rests as it sweeps over the broad valley of the Potomac, the National Capitol inspires the American citizen, at his first approach, with patriotic pride. But what is his disap-

pointment when he enters its halls, to find that utility has been sacrificed to an obsolete style of architecture, and that the only American idea fully realized is a total disregard of ventilation. The first month's session proved that the building was almost untenable, and that before the building was completed the work of reconstruction must be commenced.

SENATOR HALE has entered upon this inquiry with, apparently, a full appreciation of its importance, and a determination to find a remedy. We beg to make a few suggestions to the Committee which may facilitate their investigations, and lead to practical results.

This is not the first time that a National Capitol building has been reconstructed for the simple purpose of improving its ventilation. The old Parliament building was so deficient in ventilation, that an eminent writer of the time states that he would not endure the smothering to which members were subjected for any consideration. No real improvement, however, was made until DR. DAVID B. REID, of Edinburgh, now of this country, developed his system of ventilation, based on the laws of physics, and practically demonstrated its utility in a large school-room.

DR. REID was invited to apply his method in the House of Commons. Of the special plans employed we will only state that the fresh air was derived, as far as possible, from uncontaminated sources; it was washed, screened, and treated with chemicals, when loaded with noxious emanations, or soot; the drains and sewers in the vicinity were deprived of offensive gases and vapors; the ground in the vicinity exhaling offensive smells was deodorized with chemicals; the temperature, moisture, and movement of the air in the House were adapted to the weather, and attendance, by a power that could give one foot or fifty thousand cubic feet, or any intermediate proportion of air, at pleasure, in a minute according to necessity; the air vitiated in the lower part of the House did not ascend and contaminate the galleries, or *vice versa*, the supply to each being separate; the products of respiration, and of the combustion of lamps and candles, were all removed at once and not permitted to return. During the fifteen years that this system was in operation—1836-51—the windows were not opened on a single occasion.

Of the success of DR. REID's plans of ventilation we have the most satisfactory evidence. LORD SUDLEY said:—"The ventilation of the House of Commons was complete and perfect—and the first plan of systematic ventilation ever carried out in this or any other country." "To the skill, zeal, and determination of DR. REID, it is owing that the members of the House of Commons can now pursue their senatorial duties without a sacrifice of their health or comfort." SIR B. HAWES said:—"You have facilitated public business, and prolonged the lives of public men." SIR JAMES CLARKE stated that "DR. REID's success in the Houses of Parliament, and similar efforts in the same direction, would do more to improve the public health than any measure with which he was acquainted." DR. NEIL ARNOTT, in his evidence before the House of Commons' Committee, said:—"Until the late House of Commons existed as ventilated by DR. REID, there was never in the world a room in which five hundred persons or more could sit for ten hours in the day, and day after day, for long periods, not only with perfect security to health, but with singular comfort."

We call the attention of the Committee to these facts,

for the purpose of showing that the ventilation of public Assembly buildings is no longer a matter of mere conjecture, but is reduced to a system as perfect and practicable as can be attained by the study of the laws of the physical sciences. Nor should they look to architects and mechanics for a correct knowledge of ventilation; it takes rank among a higher class of studies, being practically understood only by the student of the chemico-physical sciences. In the hands of the architect, ventilation is always sacrificed to the merest whim of taste, as a matter of secondary importance. Of this we have a melancholy example in the erection of the new House of Parliament. So essential was DR. REID's plan of ventilation considered that he was associated with the architect in the erection of the buildings. But a conflict of opinions soon commenced, the architect refusing to carry out the plans of DR. REID, as they interfered with his own, and, as a result, the full perfection of his system of ventilation was not realized. Already, as SENATOR HALE informs us, the question of an improved ventilation of the Senate Chamber has been submitted to the gentleman who has charge of the extension—CAPTAIN, now GENERAL FRANKLIN. We can positively assure the Committee that in such hands their scheme of improved ventilation will fail of success.

Let the Committee then summon to its aid men who have given to this subject the study it merits, who are experts in chemical and physical sciences. Or, what would realize the same result, let them offer a large premium for the best plan of ventilating the Senate Chamber, the award to be made by a Scientific Commission. We have among us those who would cheerfully respond to such an invitation, and who are thoroughly qualified to furnish plans for the effectual ventilation of the Capitol building. When a plan is selected let the Committee see that it is thoroughly applied, and that no architect perverts its details by architectural refinements.

THE WEEK.

THE Eclectics of Philadelphia carry their system of appropriating the labors of others to their own benefit into literature as well as medicine. Professor B. F. PAINE, M.D., who, it appears from the announcement of the Eclectic Medical College of that city, "brings to his department a thorough knowledge of his subject, acquired by close study," has given evidence of his extensive reading by publishing in the *Eclectic Medical Journal*, an original lecture on abortion, the greater portion of which is copied, without acknowledgment, verbatim, from Prof. BEDFORD's recent work on the *Principles and Practice of Obstetrics*. Plagiarism in an Eclectic must be a virtue, and we can but commend the Professor for adhering to his creed in the face of a scornful and fault-finding world.

THE daily expectation of a great battle near Richmond, and the consequent demand for hospital accommodations, continues to stimulate the authorities in their efforts to meet the emergency. The churches of Washington and Alexandria have been seized, and a demand has been made upon this city for enlarged provision for the wounded. We must repeat the suggestion of last week, that the wounded should be distributed more widely at the North. Washington is as unfit for hospitals as a place can be made by the accumulation of the *materies morbi*, and the same is true of Alexandria and Yorktown. The sick can be transported

to Portland as easily and safely as to Washington, if our transport system was thoroughly organized, and supplied with competent officers and nurses. At some points, as at Albany, in this State, large and well located hospitals, prepared for this emergency, stand vacant, and with open doors ready to receive the sick, while citizens and surgeons are prepared to bestow upon them every care and attention. It is folly to herd the sick in large cities when such distribution can easily be made.

The following order has appeared from the War Department:—

WAR DEPARTMENT, ADJUTANT GENERAL'S OFFICE,
Washington, June 16, 1862.

General Orders, No. 66.—Surgeon DAVID S. HAYS, 110th Regiment Pennsylvania Volunteers, having been ordered to conduct to this city a large detachment of sick and wounded men, and having shamefully neglected them after their arrival, the President directs that for this gross dereliction of duty he be dismissed from the service, and he is hereby accordingly dismissed.

By order of the Secretary of War,

L. THOMAS, *Adjutant-General.*

Official: E. D. TOWNSEND, *Assistant Adjutant-General.*

It appears that Surgeon D. L. HAYS, of the 110th Pennsylvania, accompanied to Washington upwards of three hundred wounded soldiers from Gen. Shields's Division, and left them in the cars over Saturday night, while he himself went to bed at Willard's. He admitted these facts when called before the Secretary of War, but pleaded that he had vainly sought to find any official in Washington to tell him what disposition to make of the wounded. It is stated in the newspaper reports that the "Secretary having heard him through, said, in a tone calculated to impress his hearer: 'That a man who could be guilty of such inhumanity was a disgrace to the army and the country, and should be forthwith dismissed from the service, and advised him to leave the room and the department instantly.' Had he not done so his movements would have been accelerated by the throng in attendance at the department, whose verdict was that the Secretary had served him right. The friends of Dr. Hays claim that he was no more to blame than officials here, who, although advised that the train was to arrive, were not present to direct him what to do with the soldiers. But the truth is that the telegram to this effect, if sent, failed to arrive, in consequence of the storm, and neither the Surgeon-General nor any of his subordinates here was apprised of the arrival of the soldiers, nor can any defence relieve Dr. Hays from the charge that he provided himself with a comfortable bed, while leaving the soldiers boxed up in the cars without food or attendance. The Surgeon-General, in a note to the Secretary of War, desired him to make an example of this man as a warning to others."

THE Act re-organizing the Medical Department of the Army provides for the appointment of eight Sanitary Inspectors, whose special duty would be to visit the camps and hospitals and supervise their sanitary condition. These appointments have been delayed, to the great detriment of the army. The nominations have finally been made, and the Senate has acted upon them. So far as announced, the following gentlemen have been selected, viz. DR. JOHN M. CUYLER, Surgeon, U.S.A.; DR. RICHARD H. COOLIDGE, Surgeon, U.S.A.; DR. EDWARD P. VOLDEUM, Assistant

Surgeon, U.S.A.; DR. GEO. H. LYMAN, GEO. F. ALLEN, and W. H. MUSSEY, Brigade Surgeons, U.S.A.

Reviews.

HAND-BOOK OF SURGICAL OPERATIONS. BY STEPHEN SMITH, M.D., Surgeon of Bellevue Hospital. New York: Baillière Brothers, 440 Broadway.

DURING the past year medical men from all parts of our country, impelled by motives of patriotism and benevolence, have rushed to the army to secure positions as regimental surgeons or assistants. Many, having availed themselves of the advantages derived from hospital practice, are, no doubt, qualified to perform the duties incumbent upon them; while others, although intelligent and well educated, from lack of opportunity, are not familiar with surgical practice, particularly the performing of operations. Yet we must have surgeons in our army. In a gigantic war like the present, coming upon us so suddenly too, and making such large demands upon the profession, it is not to be expected that all can be fully competent, or that every regiment can have an accomplished and skilful surgeon. There is, however, no excuse for those who, in assuming these duties, neglect to avail themselves of every opportunity to become acquainted with the details of surgical practice. The standard treatises on surgery are, for the most part, thorough and complete, full of information, and embrace every topic in the range of surgical science. As text-books and works of reference they are invaluable, and should be carefully studied; but they are not always accessible to the army surgeon, and from their bulk and comprehensiveness are inconvenient to consult at all times. The same may be said of many of the works on military surgery.

What has, therefore, been a desideratum, is an abridged work on practical surgery, a portable compendium of surgical operations, and the methods of performing them, systematically arranged and fully illustrated; not only adapted to the general practitioner, but especially to the wants of the military surgeon:—and such is the book under consideration.

It is a neat volume of 280 pages, containing over 200 engravings. As its name indicates, it is a manual of convenient size, containing a clear and accurate description of the different modes of procedure in those important operations which come under the observation of army surgeons particularly, and many useful and practical hints in the treatment of surgical troubles resulting from military and naval warfare.

Dr. Smith has, with great industry, availed himself of the works of distinguished surgical writers, and has given us, in his little volume, an excellent *resumé* of their labors and experience.

The order of subjects treated is as follows:—

Under the head of Minor Surgery, we have in the first chapter, an article on instruments, on union of wounds, bandages, dressings, hemorrhage, blood-letting, counter-irritants, vaccination, and anaesthetics. The other chapters are on wounds of arteries, with a description of all the arteries ever ligated; on veins, on amputations, resections, gunshot wounds, and secondary hæmorrhage, with an index alphabetically arranged, with order and exactness, a necessary part of a book like this.

The chapter on Resections is one of the best in the book, and includes the substance of everything known or written on this interesting branch, and is admirably illustrated by the engravings, not only of the instruments used, but the different steps of each operation.

The chapter on gunshot wounds, taken from Prof. Longmore's article, is clearly compressed into a set of aphorisms of great practical importance, and will be read with interest.

The entire work must commend itself, on account of its method, accuracy, perspicuity, and conciseness.

C. D. S.

HINTS AND OBSERVATIONS ON MILITARY HYGIENE; with the best means of Treating the Medical and Surgical Diseases of the Army. By LAWRENCE TURNBULL, M.D., one of the Surgeons of Howard Hospital. (Reprinted from the Medical and Surgical Reporter.) Philadelphia, 1862. Pp. 62.

This pamphlet consists of a series of articles published during the last few months in our Philadelphia contemporary. A large range of subjects relating to military medicine and surgery are discussed, with ample illustrations from authorities. We have read no running commentaries on military medicine with more interest or profit than the papers of Dr. TURNBULL; they evince, not only great familiarity with the literature of the subject, but also that practical good sense which at this time is greatly needed on the field. We should be glad to see this publication largely circulated among the surgeons of the army.

ON BANDAGING AND OTHER OPERATIONS OF MINOR SURGERY. By F. N. SARGENT, M.D., Member of the College of Physicians of Philadelphia, etc., etc. New Edition, with an additional Chapter on Military Surgery. By W. F. ATLER, M.D. With one hundred and eighty-seven illustrations. Philadelphia: Blanchard & Lea. 1862.

The present edition is improved by a short chapter on military surgery. The work is too well known to the profession to require commendation at our hands.

Correspondence.

DR. BENNETT'S CASE OF RESECTION.

BRIDGEPORT, June 16th, 1862.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—I observe in your issue of the 14th June inst., that a correspondent under the head of "Connecticut Med. Society," in speaking of my case of resection of the head of the humerus, for an enchondromatous tumor, represents me as expressing the opinion "that the operation was unique." The writer mistook my meaning. I simply stated that I could not learn that I had been anticipated by any surgeon in this country, in a resection of the head of the humerus for a disease of this nature, which I still believe to be the fact. I do not choose at this time to report the case in detail, designing to do this at a later date, but will merely state that the length of bone removed was five and a half inches, including the head, the tumor measuring thirteen inches in its largest circumference (taking the direction of the circumference of the humerus), and involving the bone from the neck to within half an inch of the point at which it was sawed off. I have been informed by Professor Geo. C. Blackman of Cincinnati, whose knowledge of the literature of surgery I believe to be equal to that of any gentleman in this country, that he is at present aware of but four cases of an analogous character, recorded by European surgeons, viz. one each by Syme, Roux, I. Hutchinson, and Bickersteth. My patient is at this date, four months after the operation, in excellent health, and has a very useful arm.

Yours, etc.,

H. N. BENNETT.

MEDICAL COLLEGE OF OHIO.

[To the Editor of the AMERICAN MEDICAL TIMES.]

CINCINNATI, May 29, 1862.

At a meeting of the students of the Ohio Medical College, regularly called, the following resolutions were offered and unanimously adopted:

Resolved,—That the thanks of the students, now in attendance at the Ohio Medical College, are due and hereby tendered to Brigade Surgeon H. S. HEWITT, late Medical Director of the department of West Tennessee, for his very interesting and valuable lectures upon military surgery delivered before the class in the absence of PROF. BLACKMAN.

Resolved,—That a copy of these resolutions be signed by the Chairman

and Secretary of this meeting, and that the same be delivered to Dr. HEWITT by a committee appointed for that purpose; also, that a copy be sent to the *Lancet* and *Observer* and the AMERICAN MEDICAL TIMES, with the request that it be published.

Geo. E. SMITH, Secretary.

J. SYKES ELY, Chairman.

FOREIGN CORRESPONDENCE.

By PROF. CHARLES A. LEE.

LONDON, June 1, 1862.

It is not my design to report individual cases, which I may observe in my visits to the different hospitals. The most interesting of these are regularly reported in the London *Lancet* and *Medical Times*, and can be copied into your pages, if thought desirable.

The London surgeons operate more fearlessly, and with more rapidity than ours do on our side of the Atlantic: but I very much doubt whether more successfully, except in particular cases. Thus I saw Mr. Ferguson operate for double cleft palate last week, and the operation was completed in fifteen minutes. He afterwards informed me that the average duration of the operation of staphyloplasty in his hands was ten minutes, and that out of one hundred and five cases, he had met with complete success in one hundred and two. This must be admitted to be extraordinary activity and marvellous success. But much of this success is owing to previous frequent manipulations by the finger of the patient, or a tooth brush, of the fauces and parts adjacent, and to the very free separation of the velum palati from the bone, so as to allow great distension. The profession is indebted to Mr. F. for this practice, which he introduced many years ago, but which has recently been claimed by another surgeon as having originated with him. In the removal of scirrhus breasts, which I have seen done by Mr. Paget, Mr. Skey, and Mr. Ferguson, I think the average time employed in the operation was not over two minutes, although in every case chloroform was given, and generally by an inhaler, which admits freely the atmospheric air. One great advantage attending this mode, is that we can regulate exactly the quantity administered: usually from twenty to thirty drops are introduced, and it is rarely necessary to use any more. This shows, at least, how much our surgeons are in the habit of wasting, in their mode of administering it on a sponge or napkin, and by the way. I may mention that a death from chloroform has occurred near my lodgings within the last few days under the following circumstances: The patient was laboring under fistula. Chloroform was given on a napkin. It appearing to take no effect, more chloroform was poured on, and this was repeated twice. On the third application the patient turned over, and immediately ceased to breathe. All attempts to restore respiration failed. Autopsy showed that the walls of the heart were very thin, and the cavities dilated, with great insufficiency of both mitral and tricuspid valves. There was also fatty degeneration of the organ. Both lungs were strongly adherent to the chest. Throughout the greater portions of their extent, Dr. Gant, of the Royal College of Surgeons, testified on the inquest, that owing to this diseased and enfeebled state of the heart, and to the lungs being incapable of expanding from the extensive adhesions, they necessarily failed under the influence of chloroform, and death resulted instantaneously from paralysis of the heart. I think the case goes far to show that the condition of these organs should be correctly ascertained, if possible, before we venture to give this powerful agent.

I have said that British surgeons operate with more celerity, but perhaps not more success than American surgeons. If I wanted proof of this I might quote lithotomy statistics. According to Mr. Bryant (London *Lancet*, May 3d, p. 459) at Guy's Hospital, fifty-seven per cent. of patients above the age of forty, who have been operated on for stone, have died, and the gross result of lithotomy in the provinces is about the same as at Guy's. There are, however, instances where the mortality is not so great.

Thus in the Norfolk and Norwich hospitals, only twenty-three per cent. of patients above the age of forty have died after lithotomy. But if any one will compare these results with those of American surgeons, as recorded in Gross's Surgery, he will find that the percentage of deaths is far greater than with us. Indeed, one of the most distinguished operators for stone in London told me, that he believed the fatality of this operation in Great Britain was as great at the present time as it was one hundred years ago!

I am very glad to find that in the ophthalmic hospitals in London and the provinces, as well as in the military hospitals, as at Chatham, the *ophthalmoscope* is in general use and highly appreciated. In no branch of our art have I seen such decided improvement within the last twelve years, since I was here, as in ophthalmic surgery; and much of this progress is owing to our being able to explore the deep textures of the eye by the *ophthalmoscope*. This admirable instrument was nearly perfect, when introduced a few years ago by Helmholtz; and now there is but one opinion as to its effectiveness, and to its immense importance, in enabling us to investigate diseases, especially of an obscure nature, in this delicate organ. And what surprises me, is to see the degree of tolerance of such examinations, in almost every kind of ophthalmic disease; a result we certainly should not have looked for *a priori*. Temporary dimness of vision may in some cases be induced by its use; but by a proper regulation of the quantity of light admitted into the eye, we may employ it with advantage in acute glaucoma, or even in retinitis. A metallic speculum is now preferred for the instrument instead of glass, as it is more portable and less brittle, has a small, thin-edged sight hole, and but one reflecting surface. Besides, a metal reflector always gives a clearer and better-defined image than a glass one. It is true that some experience is necessary to enable one to derive all the advantages from this instrument of which it is capable; but the same may be said of the stethoscope or any other instrument. The division of the ciliary muscle of the eye for glaucoma, opacity of cornea, etc., may also be mentioned, as evidence of progress in the treatment of this class of diseases. This operation I saw performed several times, and very skilfully, by Mr. Hancock of the "Royal Westminster Ophthalmic Hospital," and with decided benefit. Thus, out of 511 principal operations performed at this institution during the last year, I find that this operation has been resorted to in 118 cases. Of a variety of affections, about 1000 patients are here annually treated, and there is no better place for students to study this class of diseases.

Mr. Czermak, of Prague, the inventor of the *Laryngoscope*, has been in London recently, and showing upon himself how readily and successfully the instrument may be used. Mr. Paget speaks favorably of it, but doubts whether it can be successfully introduced into practice. It is something like injecting the bronchial tubes—very easy to describe, and very difficult to accomplish. Mr. Czermak showed, as long ago as 1859, that it was possible, by the aid of his laryngoscope, to apply local cauterizations in the larynx and the naso-pharyngeal cavity; but the same can be done without. But then, how can we ascertain whether there is disease enough in these parts to require local treatment? In some cases, probably, we cannot, but as a general rule, I think we can. The rational signs, in such cases, are generally pretty clear and decided; I know that we have reports that polypi of the larynx have, in two cases, at least, been removed by the aid of this instrument. But, as Mr. Paget remarked to me, it must always be a very difficult operation, inasmuch as the image is reversed, and every one knows how very difficult it must be to operate under such circumstances. Here, we have to introduce the laryngoscope with one hand, and keep it immovable in such a position and inclination, as to reflect the desired image, while with the other, holding a suitable instrument, we proceed to operate. But the difficulty I have named is so great, that it would

require a constant practice, and for a considerable time, to enable a surgeon to attain even a moderate degree of success in the use of the instrument. Owing to these causes the laryngoscope has been, as yet, very little used in this metropolis, and I may very safely predict that it will be a long time before it will be. The inventor, however, is a very talented and ingenious surgeon, and certainly deserves, if he does not meet with, great success. That scientific merit, sooner or later, meets its just reward, I may mention the splendid and unprecedented success, which has attended the career of our friend, Dr. Brown-Sequard, since he came to this city. In no instance has great professional success created less envy, inasmuch as all cheerfully acknowledge that it has been fairly earned. As the head of the great "National Hospital for the Paralyzed and Epileptic," instituted by the Lord Mayor, at the Mansion House, Nov. 2, 1859, and under his presidency, and supported mainly by the nobility, Dr. Sequard has found a theatre worthy of his science and his skill; and with considerable success, which has attended his efforts, demonstrates the soundness of the physiological and pathological views he has inculcated in his various writings and lectures. This success, moreover, has, as its fair and legitimate consequence, introduced him into the largest practice, in the greater class of nervous affections, of any practitioner in England. The out-patients of his hospital number at this time over 800, while his private patients are so numerous as to occupy every moment of his time. He is called on, daily, by patients from almost every part of Great Britain, and no small portion of them belong to the class of the nobility. Surely, such an example as this may well be held up to the younger members of our profession, to show them that industry, perseverance, energy, and real merit, will sooner or later meet its due reward. I may also mention, by way of example, that since Brown-Sequard commenced his scientific investigations he has never attended a place of amusement, or allowed anything to draw off his mind and attention from his pursuits; and although he resided in Paris, at the time of the great International Exhibition, and daily passed by the building, he never entered it, and has no idea, to this day, what there was in it.

Medical News.

INCREASED HOSPITAL ACCOMMODATIONS—NEW POINT COMFORT.—Dr. Cuyler is making arrangements to enlarge the hospital accommodations here, besides the new general hospital at Newport News. Dr. C. will, in a few days, proceed to New Point Comfort, mouth of the Potomac, with the view of occupying the large hotel and cottages there, which will materially increase the hospital accommodations in this vicinity. The salubrity of the location and extensive character of the buildings there, are much in favor of the selection.

SURGEONS AND NURSES—The demand is and will continue to be for competent surgeons and nurses. They are wanted not temporarily but permanently. New surgeons offering their services should do it with this reference. If volunteers cannot be obtained, Dr. Cuyler is prepared to hire competent surgeons, who will be expected to engage themselves as long as their services are required.

By a recent Act of Congress the rank of Brigade Surgeon is abolished, and this class of medical officers are subject to the same rules which govern surgeons. The Corps of Surgeons is also to be enlarged by the appointment of one hundred and sixty more for the war, forty being full Surgeons, and the remainder Assistant Surgeons.

At the Annual Meeting of the Medical Society of the State of Pennsylvania, held in Philadelphia, a committee was appointed to inquire as to the expediency of publishing a Daily Medical Gazette.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

Abstract of the Official Report.

From the 8th day of June to the 15th day of June, 1862.

Deaths.—Men, 78; women, 73; boys, 105; girls, 79—total, 335. Adults, 151; children, 184; males, 183; females, 152; colored, 4. Infants under two years of age, 169. Children reported of native parents, 28; foreign, 186. Among the causes of death we notice:—Apoplexy, 7; infantile convulsions, 22; croup, 6; diphtheria, 6; scarlet fever, 20; typhus and typhoid fevers, 16; consumption, 45; small-pox, 3; dropsy of head, 13; infantile marasmus, 19; cholera infantum, 2; inflammation of brain, 9; of bowels, 5; of lungs, 16; bronchitis, 2; congestion of brain, 10; of lungs, 4; erysipelas, 2; whooping cough, 9; measles, 1. 178 deaths occurred from acute diseases, and 35 from violent causes. 217 were native, and 118 foreign; of whom 76 came from Ireland; 46 died in the City Charities; of whom 10 were in the Bellevue Hospital.

Abstract of the Atmospheric Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

June 1862	Barometer.		Temperature.			Difference of dry and wet bulb, Thrm.		Wind.	Mean amount of cloud.	Humidity Sat'dn, 1000
	Mean height.	Daily range.	Mean.	Min.	Max.	Mean.	Max.			
	Is.	Is.	•	•	•	•	•			
8th.	29.92	.20	55	50	60	5	8	NE. to S.	9	726
9th.	30.10	.17	59	48	70	8	12	NE. to S.	4	503
10th.	30.00	.15	62	54	73	6	12	NE. to S.	4	660
11th.	29.80	.11	64	54	74	7	13	NE. to SW	7	610
12th.	29.70	.10	72	60	83	9	15	N. to S.	2	500
13th.	29.70	.08	78	70	86	9	15	W. to S.	4	610
14th.	29.80	.10	78	70	86	9	16	S.W.	4	610

REMARKS.—8th. Rain, A.M.; fresh wind, P.M. 9th. Variable, A.M.; clear P.M. 10th. Clear, A.M.; fresh wind afternoon, with light rain; thunder shower, late P.M. 11th. Variable, shower P.M. 12th. Sultry. 13th. Sultry, thunder storms at 4 and 6 P.M. 14th. Sultry, showers during the evening.

SPECIAL NOTICES.

SECTION OF SURGERY AND SURGICAL PATHOLOGY.—*The Stated Monthly Meeting of the Section of Surgery and Surgical Pathology, will be held at the house of the Chairman, DR. JAMES R. WOOD, No. 2 Irving Place, on Friday evening, the 27th inst., at 8 o'clock. Subject for discussion, "Tracheotomy in Cynanche Trachealis."*

DR. JULIUS HOMBERGER,
Specialty: Diseases of the Eye,

has removed to

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OFFICE HOURS: { From 9—11 A.M.
" 5—6 P.M.

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Squibb's, Allen's, Tilden's, Herring's, and other fine preparations always on hand; also Pure Chloroform and Oxalate of Cerium prepared for us by Duncan Flockhart & Co., Edinburgh.

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[COPY.]

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Wm. H. Davol, M.D., late Physician

to L. J. College Hospital, Brooklyn, removed to St. Paul, Minn.
References.—C. L. Mitchell, M.D., T. L. Mason, M.D., Prof. E. N. Chapman, M.D., of Brooklyn; Prof. Austin Flint, M.D., Prof. B. F. Barker M.D., of New York.

American Journal of Ophthalmology

JULIUS HOMBERGER, M.D., EDITOR.



Subscription Price for one year (six numbers), \$2.00; sample numbers 25 cents.

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Medical Storekeepers.—The follow-

ing extract of an Act of Congress in relation to the appointment of Medical Storekeepers is published for the information of persons desirous of applying for such a position:

AN ACT to authorize the appointment of medical storekeepers and chaplains of hospitals.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That the Secretary of War be authorized to add to the medical department of the army medical storekeepers, not exceeding six in number, who shall have the pay and emoluments of military storekeepers in the quartermaster's department, who shall be skilled apothecaries or druggists, who shall give the bond and security required by existing laws for military storekeepers in the quartermaster's department, and who shall be stationed at such points as the necessities of the army may require: *Provided*, That the provisions of this act shall remain in force only during the continuance of the present rebellion. Approved, May 20, 1862.

II. The following are the regulations which will govern the appointment of medical storekeepers under the first section of the foregoing Act of Congress:

1. A board of not less than three medical officers will be assembled by the Secretary of War, to examine such applicants as may, by him, be authorized to appear before it.

2. Candidates, to be eligible to examination, shall be not less than twenty-five years nor more than forty years of age; shall possess sufficient physical ability to perform their duties satisfactorily; and shall present with their applications satisfactory evidence of good moral character.

3. Candidates will be required to pass a satisfactory examination in the ordinary branches of a good English education, in pharmacy and materia medica; and to give proof that they possess the requisite business qualifications for the position.

4. The board will report to the Secretary of War the relative merit of the candidates examined, and they will receive appointments accordingly.

5. When appointed, each medical storekeeper will be required to give a bond in the amount of \$40,000 before he shall be allowed to enter on the performance of his duties.

By order of the Secretary of War:

L. THOMAS, ADJUTANT GENERAL.

A Board of Medical Officers for the examination of applicants will be convened in the city of Washington on the first day of July, to continue in session one month.

Applications to appear before the Board should be addressed to the Secretary of War.

Surgeon-General's Office, June 5, 1862.

Sent Free by Mail on Receipt of Price.

Consumption, its Early and Remediable Stages.

By Edwards Smith, M.D. 8vo. London, 1862. \$3.25.
BAILLIERE BROTHERS, 440 Broadway, N. Y.

Sent Free by Mail on Receipt of Price.

Gmelin (L.) Hand-Book of Chemistry.

Vol. I. 2d Edition, revised. 8vo. London, 1861. \$3.25.
BAILLIERE BROTHERS, 440 Broadway, N. Y.

Sent Free by Mail on Receipt of Price.

Epilepsy: its Symptoms, Treatment,

and Relation to other Chronic Convulsive Diseases, by J. R. Reynolds, M.D. London. \$3.25.

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This Tissue is always reliable, being of a uniform strength and blistering in six hours. It is neat, handy, economical, and of a great convenience for Physicians (principally country Physicians) Pharmacologists, and Patients. Generally used in the civil practice; it is the only one employed in the active armies and hospitals of France.

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GENEVOIX PURE OIL OF HORSE CHESNUTS.

This ANTI-GOUT preparation is among the numerous topical applications possessed by therapeutics, the best external remedy for GOUT, RHEUMATISM, and NEURALGIA.

N.B. It is very important, in applying this oil, to rub gently on the inflamed part, till the skin is completely saturated with the oil.

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Bonjean's Ergotine, or purified Extract of Ergot, is the extractive principle of *Secale Cornutum*, minus its poisonous substance. In consequence, Bonjean's Ergotine may be given in doses proportionate to the danger of the case, without any risk for the life of the patient. The dose of Bonjean's Ergotine is from five to 10 grains, daily. One dragée (three grains) may be given, crushed, every two or three hours, in some grave cases of uterine hemorrhage.

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This preparation is not at all like the one prepared by Apothecaries, after the formula published in the journals; its odor, its taste, and above all, its success, where the other one fails, will tell at once how different they are one from the other.

Genuine Pierlot's Valerianate of Ammonia is a most efficacious remedy in *Neuralgia, Epilepsy, Convulsions, Hysteria, &c., &c.*

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APPROVED BY THE FRENCH ACADEMY OF MEDICINE.

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Appia (P. L.) The Ambulance Surgeon, or Practical Observations on Gunshot Wounds. 12mo. Edinburgh, 1862. \$1.50.
BAILLIÈRE BROTHERS, 440 Broadway, N. Y.

Sent Free by Mail on Receipt of Price.

Clinical Essays, by B. W. Richardson, M.D. 8vo. London, 1862. \$2.00.
BAILLIÈRE BROTHERS, 440 Broadway, N. Y.

Sent Free by Mail on Receipt of Price.

On Long, Short, and Weak Sight, and their Treatment by the Scientific Use of Spectacles. By J. S. Wells, M.D. 8vo. London, 1862. \$1.57.
BAILLIÈRE BROTHERS, 440 Broadway, N. Y.

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